

Peer review file

Article information: <http://dx.doi.org/10.21037/acr-21-4>

Reviewer A

Comment: This case report is well written and almost acceptable. I personally have an experience as shown in this case. This case report provided the clinical aggressiveness of Good syndrome. Clinicians should notice the hazardous aspect of thymoma.

I have one question. I wonder if the patient was complicated with pure red cell aplasia. It was not rare that Good syndrome and pure red cell aplasia represented in the same patient with thymoma. I hope that the authors should mention how to assess the anemia. I assume that the patient had pure red cell aplasia simultaneously.

Reply: Dear Reviewer A, thank you for your feedback. The patient's hemoglobin/hematocrit at presentation were 6.1/17.9. Her reticulocyte count was 0.17% (ref range 0.47-2.40%). Her bone marrow biopsy was hypocellular and with "virtually absent trilineage hematopoiesis." Although these numbers would classify her as having pure red cell aplasia, a diagnosis of PRCA should not be made when there are other significant abnormalities to her cell line, which she had. Thus, we concluded that she did not only have pure red cell aplasia. Due to the overall hypocellular bone marrow biopsy, we classified her as having aplastic anemia instead of pure red cell aplasia.

Changes in the text: Added Lines 92-95: Although the patient was anemic (initial Hgb 6.1, ref 11.5-15 g/dL) throughout her admission and pure red cell aplasia is more common in patients with thymoma, the significant abnormalities in all of her cell lines and bone marrow biopsy with absent trilineage hematopoiesis led the authors to diagnose her with aplastic anemia instead of pure red cell aplasia.

Reviewer B

The authors reported a rare case of paraneoplastic syndrome of thymoma.

Good's syndrome and pancytopenia are rare disorders and these factors have a critical impact on treatment outcome of thymoma.

In this case, the tumor is huge and the therapeutic strategy is difficult. Although the outcome of this case was poor, I consider that this case should be reported for the future treatment of similar patient.

My comments are below.

1. Was the tumor completely resected?
2. The tumor was huge. Did the tumor invade neighboring organ?
3. The authors should show the detailed pathological finding of the thymoma including WHO classification. In figure 2, the authors should present pathological finding as well as microscopical finding. Those findings would help readers to understand this case more clearly.
4. The authors should add CT imaging of horizontal and sagittal sections to figure 1.
5. In page 5, line 125, The authors commented "Good's syndrome is a serious diagnosis". I think the word "diagnosis" should be removed and replaced by "disorder".

This case report was well written. However, I think English proofing is necessary.

Comment 1: Was the tumor completely resected?

Reply 1: Dear Reviewer B, Thank you for your feedback. Yes, the tumor was completely resected.

Changes in text: Lines 77-79.

Comment 2: The tumor was huge. Did the tumor invade neighboring organ?

Reply 2: Thank you for the feedback. No, the tumor was not found to be invading neighboring organs.

Changes in text: Lines 77-80.

Comment 3: The authors should show the detailed pathological finding of the thymoma including WHO classification. In figure 2, the authors should present pathological finding as well as microscopical finding. Those findings would help readers to understand this case more clearly.

Reply 3: Thank you for the feedback. This has been added.

Changes in text: Lines 79-80: Pathologic finding: type A thymoma (spindle cell or medullary thymoma) 13x11x6.2 cm in size, without pleural involvement, pT1a, Nx.

Comment 4: The authors should add CT imaging of horizontal and sagittal sections to figure 1.

Reply 4: Thank you for the feedback. This has been added.

Changes in text: Please see new figures attached.

Comment 5: In page 5, line 125, The authors commented “Good’s syndrome is a serious diagnosis “. I think the word “diagnosis” should be removed and replaced by “disorder”.

Reply 5: Thank you for the feedback. This has been changed.

Changes in text: The word “diagnosis” has been changed to “disorder”.

Reviewer C

Comment: The authors describe a rare paraneoplastic syndrome of thymomas that complicate post-operative course of surgical thymectomy. Good case report of a rare paraneoplastic syndroma in thymomas which is important to research before surgery

Reply: Dear Reviewer C, Thank you for the feedback.

Changes in text: None.